

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

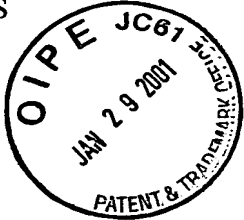
Applicant: KENNETH F. BUECHLER
Title: DIAGNOSTIC DEVICES AND
APPARATUS FOR THE
CONTROLLED MOVEMENT OF
REAGENTS WITHOUT
MEMBRANES

Appl. No.: 09/613,650

Filing Date: 07/10/2000

Examiner: TBA

Art Unit: 1641



CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on the date below.

Suzanne L. Simpson
(Printed Name)
[Signature]
(Signature)
1/25/01
(Date of Deposit)

#4
CA
6/18/01

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
Washington, D.C. 20231

Sir/Madam:

In compliance with the Applicants' duty under 37 CFR 1.97-98, the following information is brought to the attention of the Examiner. Copies of the items listed on the attached Form PTO-1449 were cited and/or provided in the parent application number 09/071,817 filed May 1, 1998.

The items identified in this Information Disclosure Statement may or may not be "material" pursuant to 37 CFR 1.56 and the submission thereof by Applicants shall not be construed as admission that any such patent, publication, or other information referred to therein is material or considered to be material (37CFR1.97(h)), or even qualifies as "prior art" under 35 U.S.C. § 102 with respect to this invention unless specifically designed by Applicant as such.

The filing of this information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information, as defined in 37 CFR 1.56, exists.

Payment in the amount of \$130.00 is herewith enclosed to cover the required fee.

01/31/2001 BHABTEW 00000048 09613650

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130.00 OP

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

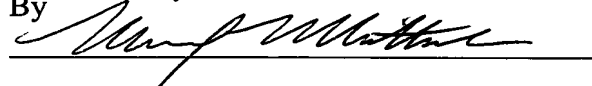
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

1/25/01

By



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